	Pagte	tod
(Car	TE OF SOUTH CAROLINA Dept: otion of Case) uple: Application for a Class C Charter Certificate from	BEFORE THE BEFORE THE BEFORE THE COMMISSION OF SOUTH CAROLINA
	John Doe doa Doe's Linto Time.) /0 : 0 5 TRANSPORTATION COVER SHEET
C	ytioalus cations	DOCKET NUMBER: 2009-150- If this is your first time filing an application with the PSC, you will not
		 have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
	se type or print) mitted by: VANN Appleable Pb3 Bend Balls	Arspotation two. 843-25/-3146
	Iress: 602 DNSAVE. N.#6	Fax: 48-491-4946
	Migte Baron SC 29592	Other: 948-642-1355
****		Email:
as rec	quired by law. This form is required for use by the Public Ser- lied out completely.	eplaces nor supplements the filing and service of pleadings or other papers vice Commission of South Carolina for the purpose of docketing and must
	NATURE OF ACT	ION (Check all that apply)
	Application – Class C Taxi	Request to Amend Scope of Authority
Ø	Application – Class C Charter	Request to Amend Tariff (rate increase, etc.)
	Application – Class C Charter Bus	Request to Amend Passenger Limit
	Application – Class C Non-Emergency	Request
	Application – Class E Household Goods	☐ Exhibit
	Application – Class E Hazardous Waste	Late-Filed Exhibit
	Application	Letter Con 2000
	Request for Extension to Comply with Order	Exhibit Late-Filed Exhibit APP Letter Proposed Order Description
	Request for Order Granting Authority to Obtain Certific Public Convenience and Necessity to Be Rescinded	cate of Publisher's Affidavit
	Request for Cancellation of Certificate	Reservation Letter
	Request for Suspension	Response
	Request for Reinstatement	Return to Petition
	Request for Name Change on Certificate	Other:

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department 101 Executive Center Drive Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C	<u>- CHARTER</u>	DATE	, 20
	ATION FOR CERTIF		
	is hereby made for a Certific vision of S.C. Code Ann., §		and Necessity, in accordance damendments thereto.
1.	Name under which busine proprietorship, with or wi	ess is to be conducted (corpo thout trade name.)	oration, partnership, or sole
Zenh	BON PLANS DOTT	FIIED TNC,	
2.	Boy IRANS POTA (a) Street Address of App	licant 63 DNA 40es	N. 46
	Tl-Beach SC 79.		
	-	ferent from street address	· · · · · · · · · · · · · · · · · · ·
	(c) Telephone Number	<i>!\8-25\-3/\0</i>	ed ID#
3,		Articles of Incorporation m.C., need S.C. Secretary of S	
4.		es and addresses of all person tion, names and addresses o	
5.	The proposed service to b	be provided and the proposed	d rates and charges for such

The proposed list of equipment is as per Exhibit "D" included herewith.

service, per Exhibit "C" included herewith.

6.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

I. MANNAPODIENTE

Balance at Time Application is Filed: Month: 32289 Year: 009

Assets:	
Cash	47,318
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net Fully depreciated	
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepaids and Other Assets	
Total Assets	47,318
Liabilities and Equity: Accounts Payable	
Notes Payable Officer	14,669
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations 70,xes	3,249
Other Liabilities	
Total Liabilities	
Capital Stock	2,500
Retained Earnings	26,900
Total Equity	29,400
Total Liabilities and Equity	47.3/8

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

. PRESIDENT

(Name of Applicant's Representative)	(Title)
OF BEACH FOX TEPNS PORTATION TOPE. (Applicant)	, the Applicant for the Certificate of Public
Public Convenience and Necessity as set forth in to contained in the above Application are true and consumer to BEFORE ME	
At My 200 Bassy This the 30 day of March 2009	
(Nobery Public)	(Signature of Applicant's Representative)
Commission Expires: 9/12/15	

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

BEACHBOY TRANSPORTATION, INC.,

a corporation duly organized under the laws of the State of South Carolina on March 12th, 2007, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 22nd day of March, 2007.

Mark Hammond, Secretary of State

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Pench Boy Transfe	ORIATION INC.
For the transportation of passengers as f	
Area to be served:	(pate
Number of passengers: 7	
Fares: 2,50 fet MIE	
Date_ 3-27-89	VANN Applewhite
	President By
	Title

Rev.10/03

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA DESCRIPTION OF EQUIPMENT

YEAR	MODEL & MAKE	VIN#				EIGHT IPTY	CARRYING CAPACITY *
2005	chery,	4STRO	1GN3M	19×95B1	15808	-4321-	7
2004	Check 1	15TRO	16NDM	19X95B1 19X34B 12	737/	4321	.7
				19X83BS			7
-			•	9X 12B50			7
2002	slevy ,	95T	16XDM	1986281	12039	4300	7
				19 W7/BL			7
			No monday were we see				
						_ <u></u>	
				·		<u>-</u>	
	•••						
		•					
* Seats	if passenger	carrier.				-	
Date:	327	°-09		(Applicant's	• •	PalloTe	Hicker
				PRes	iden't		

INSURANCE QUOTE

The following insurance quote is for:
Bouch Bull TRANSANTIATION TAK.
Prach Boll Tems potent (00 LAC. (Name of Motor Carrier)
665 7218 AVEN, #6 MATTERETOLSO, 295 72 (Address of Motor Carrier)
Amount of Premium:
Liability Insurance (9, 290)
The above quoted premium is for a term of months.
Minimum Limits - Intrastate Only:
1 - 7 passengers - 25,000/50,000/25,000 8 - 15 passengers - 25,000/100,000/25,000
Canal alus.
(Insurance Company Name)
P.O. Box 7, Granning, SC 29602
(Home Office Address of Company)
is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.
3/31/09 John B. Disoch
Date (Authorized Insurance Company Representative)

EXHIBIT FWA

Name	Boo	an Ros	X Tro	2~	eting	mante	-Due		
Addre	5001 :22	1949	AVE	M	#6	W	3, 5C	295	
<u>Telepl</u>	ione No. 🤇	8431251-	3140 F	ax No. (8431	497-1	4946		
U.S.D	O.T. No.		IC	CC No.					
1.	Does Applicant have a Safety Rating from the U.S.D.O.T.?								
	Yes(If "yes", in	No No	Pending d provide co	рру)	Satisfac Conditie	when receitory onal factory			
2.	Have any or Police safet	f Applicant's dr y officers in the	ivers or vehi past twelve	icles been (12) mo	n places "out	of service"	by Transpor	rt	
	Yes	No							
3,	Are there currently any outstanding judgment (s) against Applicant?								
	Yes(If "yes", in	No No dicate nature of	judgment(s	s).					
4.	governing f	t familiar with a for-hire motor co compliance with	arrier operat	ions in S	outh Carolin			ee to	
	Yes	No							
5.		icant aware of the		ion's ins	urance requi	rements and	l the insurance	ce	
	(The attache the discretion	NoNo	te form must sion, a copy c	of current	insurance pol	urrent insura icies may be	nce premiums required. Do	s. At not	
			<u>(</u>	Applican	r's Signature	(ati)	2	-	
	Swo	n to before me							
At	Notize	sa Bos	a, da	C					
ThisCommi	Eman)	of Morch							